OPERATION PERMIT

Franklin County Health Department

107 Industrial Drive

Louisburg NC 27549

For Office Use Only

*CDP File Number: 302504 - 1

County ID Number: 2878-77-8608

Evaluated For: NEW

Property Owner: HENRY ALLEN NELMS

Address: 3931 NC 561 HWY

City: LOUISBURG

State/Zip: NC 27549

Phone #: (919) 495-0566

Address Road #: NC 561 HWY LOUISBURG NC 27549

Township:

Subdivision: Phase: Lot:

Structure: SINGLE FAMILY

# of Bedrooms: 3

# of People: 3

Water Supply: NEW WELL

Saprolite System? ◯Yes ◯No Pump Required? ◯Yes ◉No

Design Flow: 360

System Classification/Description:

TYPE II A. CONV SYSTEM (SINGLE-FAMILY OR 480 GPD OR LESS)

Installer: CHRIS MILKO

Certification #:

Specific System Installed:

STB: MILLS-1000

Septic Tank Date: 10 / 31 / 2019

Pump Tank Date: ____ / ____ / ____

PT:

Comments:

Chars Rems 40(

This system has been installed in compliance with applicable NC General Statutes, Rules for Sewage Treatment and Disposal, and all conditions of the Improvement Permit and Construction Authorization.

PERMIT CONDITIONS:

I. Performance: System shall perform in accordance with Rule .1961.

II. Monitoring: As required by Rule .1961.

III. Maintenance: Ground absorption sewage treatment and disposal systems shall be checked, and the contents of the septic tank removed, periodically from all compartments, to ensure proper operation of the system. The contents shall be pumped whenever the solids level is found to be more than 1/3 of the liquid depth in any compartment.

Other:

Chars Rems 40(

Subsurface Operator Required ◯Yes ◯No

If yes, see attached sheet for additional operation conditions, maintenance and reporting.

Operation:

Chars Rems 40(

Other:

Chars Rems 40(

Authorized State Agent: 2739 - Joel Bendel

Date of Issue: 01 / 21 / 2020

Authorized State Agent Signature: _____

As-Built Drawing Attached

◯Saprolite System?

Owner/Applicant Signature: _____

IMPROVEMENT PERMIT

Franklin County Health Department
107 Industrial Drive
Louisburg, NC 27549
Phone:

For Office Use Only

*CDP File Number	290059 - 1
County ID Number:	2878-77-8608
Evaluated For:	NEW

PERMIT VALID UNTIL: 10/08/2024

***NOTE TO INSPECTIONS DIVISION:** Building Permits cannot be issued with this Improvement Permit.

Applicant:	CLAYTON HOMES
Address:	1582 US 1 HWY
City:	YOUNGSVILLE
State/Zip:	NC 27596
Phone #:	home: (919) 570-3366

Property Owner:	HENRY ALLEN NELMS
Address:	3931 NC 561 HWY
City:	LOUISBURG
State/Zip:	NC. 27549
Phone #:	home: (919) 495-0566

Property Location & Site Information

Address/Road #: NC 561 HWY LOUISBURG, NC 27549
Subdivision:
Phase: NEW
Lot:

Structure: SINGLE FAMILY
# of Bedrooms: 3
# of People: 3
*Water Supply: NEW WELL

Directions

NC 561 HWY

System Specifications

Initial System

*Site Classification: Provisionally Suitable
Design Flow: 360
Soil Application Rate: 0.3500

*System Classification/Description:
TYPE II A. CONV SYSTEM (SINGLE-FAMILY OR 480 GPD OR LESS)

*Proposed System:
25% REDUCTION

Minimum Trench Depth: _____ Inches
Maximum Trench Depth 30 Inches

Septic Tank: 1000 Gallons
Pump Required ◯ Yes (X) No ◯ May Be Required
Pump Tank: _____ Gallons

Repair System Required: (X) Yes ◯ No ◯ No, but has Available Space

Repair System

*Site Classification: Provisionally Suitable
Soil Application Rate: 0.350

*System Classification/Description:
TYPE II A. CONV SYSTEM (SINGLE-FAMILY OR 480 GPD OR LESS)

*Proposed System:
25% REDUCTION

Minimum Trench Depth: _____ Inches
Maximum Trench Depth 30 Inches

Pump Required: ◯ Yes (X) No ◯ May Be Required
Pump Tank: _____ Gallons

No grading or construction activity is allowed in areas designated for system and repair without approval of Health Departmen

***Site Modifications**

The issuance of this permit by the Health Department in no way guarantees the issuance of other permits. The permit holder is responsible for checking with appropriate governing bodies in meeting their requirements.

***Permit Conditions**

The Department and Local Health Department may impose conditions on the issurance and may revoke the permits for failure of the system to satisfy the conditions, the rules, or this article. This permit is subject to revocation it the site plan, plat, or intended use changes (NCGS 130A-335(f)). The person owning or controlling the system location, installing, operation, maintenance, monitoring, reporting, and repair (.1938(b)).

Authorized State Agent: Shad Leonard
Date of Issue: 10/08/2019

◯ Hand Drawing ◯ Import Drawing ****Site Plan/Drawing attached.****

Total TIme: (HH:MM) ____ : ____

Construction Authorization

Franklin County Health Department
107 Industrial Drive
Louisburg, NC 27549
Phone:

For Office Use Only

*CDP File Number: 290059 - 1
County ID Number: 2878-77-8608
Evaluated For: NEW

PERMIT VALID UNTIL: 10/08/2024

☐ Open Pump System Sheet

Applicant:	CLAYTON HOMES
Address:	1582 US 1 HWY
City:	YOUNGSVILLE
State/Zip:	NC 27596
Phone #:	home: (919) 570-3366

Property Owner:	HENRY ALLEN NELMS
Address:	3931 NC 561 HWY
City:	LOUISBURG
State/Zip:	NC. 27549
Phone #:	home: (919) 495-0566

Property Location & Site Information

Address/Road #: NC 561 HWY LOUISBURG, NC 27549
Subdivision:
Phase: NEW Lot:

Directions:

NC 561 HWY

Structure: SINGLE FAMILY
# of Bedrooms: 3
# of People: 3
*Water Supply: NEW WELL

System Specifications

*Site Classification: Provisionally Suitable
Design Flow: 360
Soil Application Rate: 0.3500

*System Classification/Description:
TYPE II A. CONV SYSTEM (SINGLE-FAMILY OR 480 GPD OR LESS)

*Proposed System:
25% REDUCTION

Minimum Trench Depth: ____ Inches
Maximum Trench Depth: 30 Inches
Minimum Soil Cover: ____ Inches
Maximum Soil Cover: ____ Inches
*Distribution Type: GRAVITY - PARALLEL (eq. d-box)

Nitrification Field: ____ Sq. ft.
No. Drain Lines: 4
Total Trench Length: 280 ft.
Trench Spacing: ____ - 9
Trench Width: ____ - 3
Aggregate Depth: ____ inches

◯ Inches O.C. (X) Feet O.C.
◯ Inches (X) Feet

Septic Tank: 1,000 Gallons
Pump Required: ◯ Yes (X) No ◯ May Be Required
Pump Tank: ____ Gallons
Grease Trap: ____ Gallons

Septic Tank Installer Grade Level Required: ◯ I ◯ II ◯ III ◯ IV

The issuance of this permit by the Health Department in no way guarantees the issuance of other permits. The permit holder is responsible for checking with appropriate governing bodies in meeting their requirements.

***Permit Conditions:**

The Authorization for Wastewater System Construction shall be valid for a period equal to the period of validity of the Improvement Permit and may be issued at the same time the Improvement Permit issued (NCGS 130A-336(b)). If the installation has not been completed during the period of validity of the Construction Permit, the information submitted in the application for a permit or Construction Authorization shall become invalid, and may be suspended or revoked (.1937(g)). Ther person owning or controlling the system shall be responsible for assuring compliance with the laws, rules, and permit conditions regaurding system location, installation, operation, maintenance, monitoring, reporting

Authorized State Agent: Shad Leonard
Date of Issue: 10/08/2019

◯ Hand Drawing ◯ Import Drawing

****Site Plan/Drawing attached.****
Total Time : (HH:MM) ____

Franklin County
NORTH CAROLINA

File # 290059 PIN# 2878-77-8608

Property Address: NC 561

Applicant or Owner Name: Clayton Homes

Environmental Health Septic/Well Permit Diagram

(X) Septic Improvement Permit* (X) Septic Construction Authorization (CA) ( ) CA Reissue** ( ) As Built
(X) Well Construction Authorization ( ) Additional Diagram/Specifications Attached

***Building permits cannot be issued nor should construction begin without Construction Authorization issuance.**
****Any previously dated CA diagram is revoked and/or invalid. Confirm this is the valid diagram for the site before beginning any construction.**

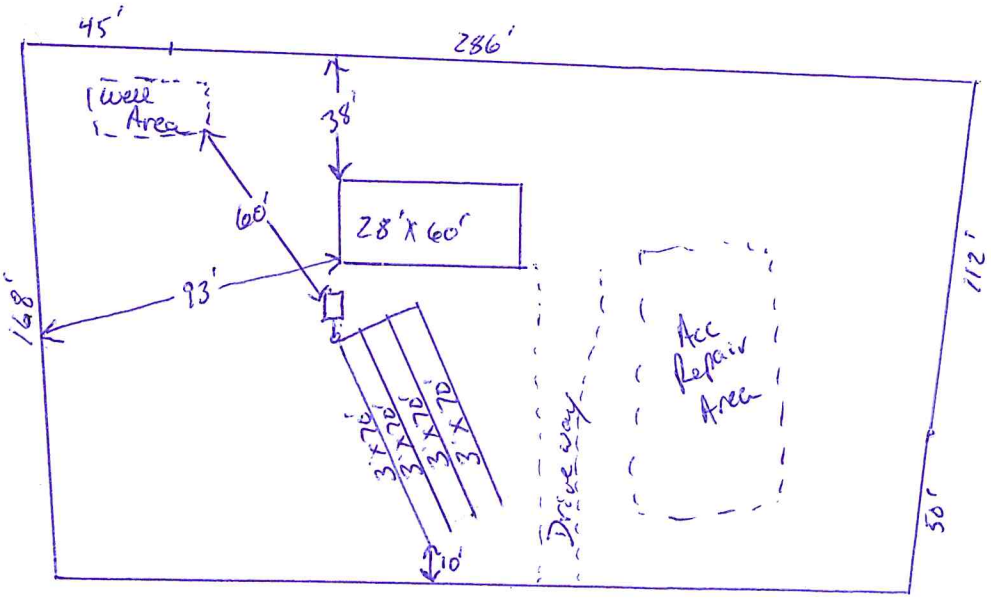
Diagram Date:** 10-8-19 **EHS:** Chad Jeenard

Septic Tank 1000 Pump Tank _____ Drainfield 3'x 280' Type System Accepted Max Trench Depth 30"

Septic Contractor Chris Milko Septic/Pump tank dates Mills-1000 10-31-19 Pump fee? Yes (No)

Well Contractor _____ Well Grout date: _____

* Drawing not to scale
* Maintain all setbacks



Hwy 561

Installation/grouting inspections may be scheduled the day before, or, the day of installation until 9am by contacting the Environmental Health office at 919 496 8100. A revisit fee may apply if installation is not ready for inspection at the time requested. ***Septic Operations Permits*** will be issued after installation is approved, all permits conditions are met, and any outstanding fees are paid. ***Well Certificate of Completion*** will be issued after well head approval, all permit conditions are met, and any outstanding fees are paid.

Septic Installation Approval Date: 1-17-20 **EHS:** Jack Kendrick

Well Installation Approval Date: _____ **EHS:** _____

Well Construction Permit

Franklin County Health Department
107 Industrial Drive
Louisburg NC, 27549
Phone:

For Office Use Only

*CDP File Number 290059

PIN Number: 2878-77-8608

Tax Lot #: _____ Tax Block #: _____

Evaluated For: SINGLE FAMILY \ WELL

Property Owner:	HENRY ALLEN NELMS
Address:	3931 NC 561 HWY
City:	LOUISBURG
State/Zip:	NC / 27549
Phone #:	H: (919) 495-0566

Applicant:	CLAYTON HOMES
Address:	1582 US 1 HWY
City:	YOUNGSVILLE
State/Zip:	NC / 27525
Phone #:	H: (919) 570-3366

Property Location & Site Information

Address/Road #: NC 561 HWY
LOUISBURG NC, 27549

Subdivision: _____ Phase: _____ Lot: _____

*Proposed use of Well: SINGLE FAMILY

Directions

If Other:

NC 561 HWY

Well Contractor Information

Drilling Contractor: _____

Driller Registration: _____

Permit Conditions

*Permit Conditions

Well location, construction and protection must meet all state and local regulations and must be inspected and approved by an authorized representative of the Local Health Department. The permit may be revoked at any time for failure to comply with existing regulations. The siting of approved well construction area(s) by the Health Department is to provide protection from the known possible sources of contamination. The approved well area(s) may not be changed without permission from an authorized representative of the Local Health Department. No volume of quality of water is guaranteed by the Health Department.

*Issued By: Shad Leonard

*Date of Issue: 10/08/2019

Authorized State Agent: _____

Owner/Applicant: _____

○ Hand Drawing ○ Import Drawing

****Site Plan/Drawing attached.****

Franklin County
NORTH CAROLINA

COUNTY OF FRANKLIN
ENVIRONMENT HEALTH APPLICATION (496-8100)

Permit #: **6949** Permit Type: **Septic Permit** Date Issued: **10/02/2019**

Project Address: **NC 561 HWY**

Location: **NC 561 HWY** Size #: **1.110**

Subdivision: Lot #:

240059

Applicant: **CLAYTON HOMES** Phone: **919.570.3366**
1582 US 1 HWY
YOUNGSVILLE NC 27596

Owner Name: **NELMS, JR., HENRY ALLEN** Phone: **919.495.0566**

Address: **3931 NC 561 HWY**
LOUISBURG NC, 27549

Tax record: **13024** Pin #: **O02 00 017A** Parcel #: **2878-77-8608**

Zoned: **A R** Setbacks- Front: **30** Rear: **25** Side: **10 / 10**

Proposed Use: # of bedrooms: **3** # of people: **3**

Township: **GOLD** Public Water/Sewer: **No / NO**

Desc: **[description]** Fees Due: **800.00** Date Paid: **10/02/2019**

*** Please complete all sections below ***

- ☐ Does this site contain any previously identified jurisdictional wetlands?
- ☐ Is any wastewater, other than domestic, going to be generated?
- ☐ Is the site subject to approval by any other public agency?

* If the answer to any of the above is "yes", applicant must submit supporting documentation.

Please indicate desired system type(s). systems can be ranked in order of preference.

☐ Conventional ☐ Accepted ☐ Modified Conventional ☒ Alternative
☐ Other ☐ No Preference

Call Environmental Health (919.496.8100) between 8:00 - 9:00 am Monday - Friday in order to schedule an appointment with an environmental health specialist for your lot evaluation. This application for an improvement permit/construction authorization and well permit does not constitute approval for zoning, septic or building permits. It will be necessary to meet all guidelines for zoning, septic and building permits prior to construction. The permit is valid for either 60 months or without expiration, depending upon documentation submitted. (complete site plan=60 months---complete surveyed plat=without expiration.)

Please contact the Environmental Health Department at 919.496.8100 or visit their website at www.franklincountyenvironmentalhealth.com to determine the status of your application prior to visiting the Planning & Inspections Department to obtain a building permit.

I hearby certify that I am the owner, or authorized by the owner to act as his/her legal representation. Furthermore, as legal representative (if applicable) I have advised the owner of my intention to apply for this wastewater treatment and disposal system and drinking water and well system permit.

I also certify that all of the statements made in this application and any attached documents are true, complete, and correct, to be the best of my knowledge and belief, and are made in good faith. If information in this application for these improvements is falsified, changed or site is altered, then improvement permits and authorization to construct these improvements shall become invalid. Authorized county representatives are granted right of entry to make these evaluations or inspections, and to release information upon public request.

x BT Cell Clayton Homes 10/02/2019

Print & Signature of Owner or Owner's Legal Representative

Franklin County Development Permit

Zoning Permit #: 586

RESIDENTIAL

Franklin County
NORTH CAROLINA

ADDRESS: **NC 561 HWY, LOUISBURG**
PARCEL NO.: **2878-77-8608** ZONING: **A R**
ISSUED TO: **CLAYTON HOMES** LOT:
1582 US 1 HWY SUBDIVISION:
YOUGNSVILE, NC 27596
PHONE NUMBER: **919-570-3366** EMAIL: **BRENDA.FOELL@CLAYTONHOMES.COM**
CONTRACTOR: ADDRESS:
LICENSE #:
SETBACK:FRONT: **30** **RIGHT: 10** **Left: 10** **Rear: 25**
COUNTY WATER: **No** **FLOODPLAIN: No**
PERMIT TYPE: **Residential** PERMIT DATE: **10/02/2019**
TYPE OF CONSTRUCTION: **DOUBLEWIDE - NEW SEPTIC/WELL**
WATER SHED: **No** TOWNSHIP: **GOLD** EXPIRE DATE: **04/01/2020**

It is hereby certified that the above use as shown on the plats and plans submitted with this application conforms with all applicable provisions of the Franklin County Zoning Ordinance. The issuance of this application does not allow the violation of Franklin County Zoning Ordinance or other governing regulations. The applicant is responsible for obtaining a building permit (if required) prior to commencing work on the proposed improvement. A final zoning inspection must be scheduled by the applicant.

NOTES:

I hereby certify that all information I have provided to the planning department is true and accurate.

APPLICANTS SIGNATURE: BFoell Clayton Homes

UTILITY COMPANY: **PROGRESS ENERGY** **WAKE ELECTRIC** **OTHER**

NUMBER OF STORIES: _____ # of Bedrooms 3 # of People 3
SQUARE FOOTAGE: HEATED _____ UNHEATED _____ TOTAL _____
BASEMENT: ____ YES _____ NO _____
FIREPLACE: ____ NO _____ MASONARY _____ MANUFACTURED _____
PLAN SETS: ____ MODULAR _____ STICKBUILT _____

SUB CONTRACTOR

ELECTRICAL: _____

MECHANICAL: _____

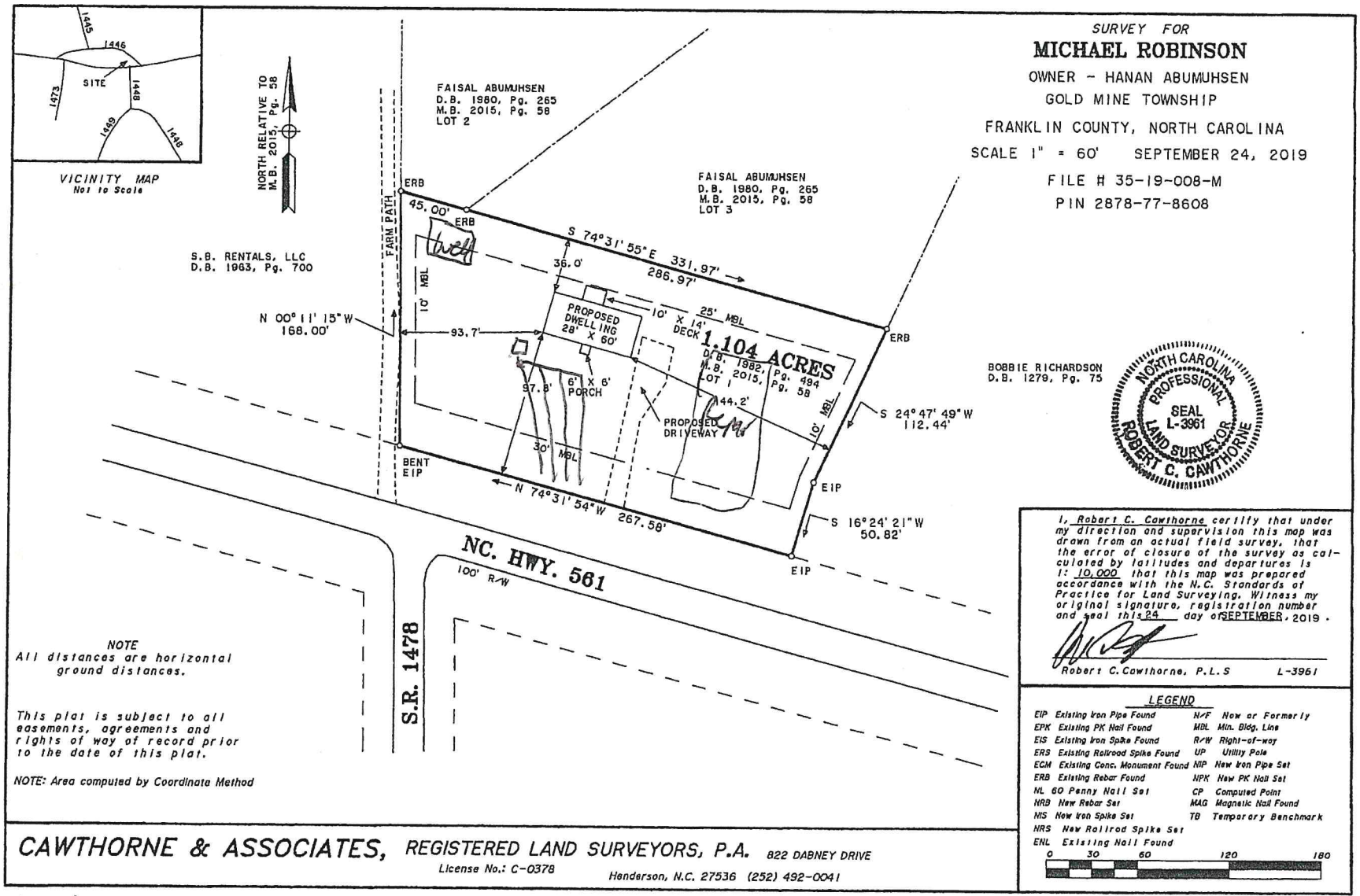
PLUMBING: _____

COST OF CONSTRUCTION: _____

NO MORE THAN 2 STRUCTURAL DEVIATIONS OR PLANS MUST BE REDRAWN

DEPARTMENTAL USE ONLY

	INITIALS (IN)	DATE	INITITALS (OUT)	DATE
ZONING	ZR	10/2/19		
PLAN REVIEW				
SEPTIC/SEWER				



Customer: Robinson

NC 561 Hwy, Louisburg 27549

new septic / well

3 bedroom

mobile home